



National Institutes of Health
National Cancer Institute
Bethesda, Maryland 20892

EPN 7149
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September 1, 2005

To: All Sites affected by Hurricane Katrina

Due to the devastating effects of Hurricane Katrina in Louisiana, Mississippi, and Alabama, the Pharmaceutical Management Branch (PMB) is temporarily allowing sites in these affected areas to forward NCI-supplied medications to patients via U.S. mail or overnight delivery services. Medication re-distribution during this crisis is limited to patient self-administered medications that are store at room temperature. Please note that this is a very special circumstance and that in general, NCI-supplied investigational agents must NOT be repackaged and forwarded by mail or overnight delivery services to another institution, site, or patient.

The PMB requires the following steps to be completed as indicated before the investigational agent(s) can be delivered via U.S. Mail or an express courier to patients.

1. Complete the "Medication Re-distribution Form."
2. Verify that the address where the investigational agent will be shipped is correct and is able to receive the shipment.
3. Ship the agent via a courier (FedEx, USPS) with a tracking mechanism.
4. Document both the date and time of the pick-up as well as the date and time of the delivery to the patient on the "Medication Re-distribution Form."
5. Attach your courier receipt containing the tracking number to the "Medication Re-distribution Form." File the "Medication Re-distribution Form" with your drug accountability records or in your study file.

Please don't hesitate to contact the PMB at 301-496-5725 or via email at pmbafterhours@mail.nih.gov if you have questions about any of the above steps or should you have a situation that falls outside of these guidelines.

Sincerely,

Patricia R. Schettino, R.Ph., M.S.
Associate Chief, Pharmaceutical Management Branch
Cancer Therapy Evaluation Program, DCTD

**Pharmaceutical Management Branch
Cancer Therapy Evaluation Program, DCTD, NCI**

MEDICATION RE-DISTRIBUTION FORM

NCI Protocol Number: _____

Investigator's name: _____

Investigator's NCI number: _____

Agent name/Strength: _____

Agent NSC number: _____

Agent lot number(s) _____

Patient's shipping address: _____

Courier Method/Tracking Number:_____

Pick-up date and time: _____

Delivery date and time: _____

Date

Signature

NOTE: This applies ONLY to those sites dealing with patients that have been affected by Hurricane Katrina. In general, reshipping of NCI-supplied agents is forbidden.